



Patient-Centered Medical Home Adult Profile

Practice name: **Acme Primary Care (VT999)**

Results from: January 2018 - December 2018

Publish date: 10/31/2019

Your practice is a Blueprint for Health participant and Patient-Centered Medical Home (PCMH). The PCMH is a care delivery model where treatment is coordinated through a person's primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand. To achieve this, PCMHs commit to excellence in six areas:

1. Team-based care and practice organization
2. Knowing and managing your patients
3. Patient-centered access and continuity
4. Care management and support
5. Care coordination and care transitions
6. Performance measurement and quality improvement

This profile offers data to help you understand how your practice is doing in each of those areas - so you can recognize successes and identify opportunities for quality improvement.

Feedback about these profiles? Share your ideas in a quick survey at:

<https://blueprintforhealth.vermont.gov/PCMHProfiles>

Questions about your results? Ask your Blueprint for Health Quality Improvement Facilitator.

<https://blueprintforhealth.vermont.gov/contact-us>

PATIENT-CENTERED MEDICAL HOME DATA

ADULT PROFILE

Acme Primary Care

Results from: January 2018 - December 2018

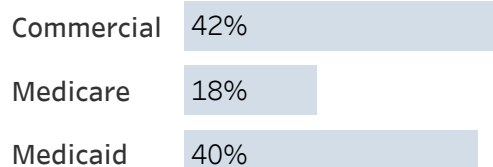
KNOWING YOUR PATIENTS your patients' medical needs and social context

Attributed Patients

1,296 people

...received more of their primary care at this practice than at any other. Data in this profile are based on these individuals.

Insurance

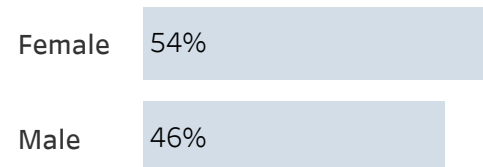


Average Age

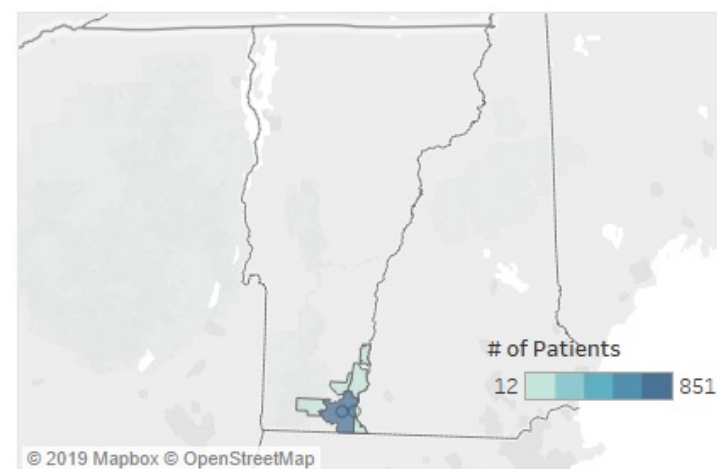
41.8 years

This profile includes data for adult patients, ages 18 years and older.

Sex



Where Your Patients Live by ZIP Code

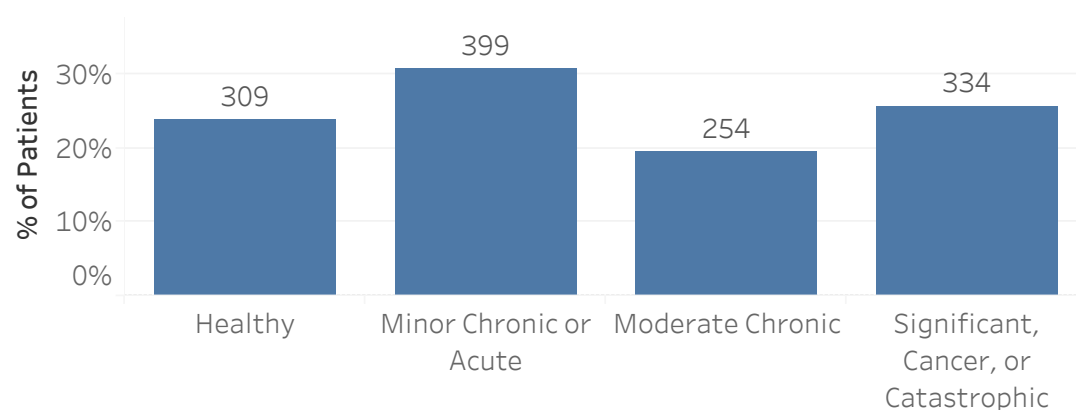


Where Your Patients Live by Town

BRATTLEBORO	735
VERNON	102
GUILFORD	93
PUTNEY	74
DUMMERSTON	41
NEWFANE	23
WILMINGTON	14
BELLOWS FALLS	11

Health Status

Based on claims data and the 3M Clinical Risk Grouper



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ACCESS TO CARE how well patients' needs and preferences for access to care were met

	2018 Result	% Change from 2017	2018 Statewide Comparison
Patients always get appointments for care they need right away, as soon as they need it	67%	+ 6%	—
Patients always get routine care appointments as soon as they need	76%	+ 20%	✓
Patients always get same day answers to their medical questions			
Patients always find it easy to get appointments with specialists	90%	+ 11%	✓

MANAGING YOUR PATIENTS what proportion of patients received appropriate preventive care and management for chronic conditions

Preventive Care

	2018 Result	% Change from 2017	2018 Statewide Comparison
Influenza Immunization	34%	- 12%	✗
Tobacco Use Screening	17%	+ 7%	✓
Depression Screening	39%	- 12%	✓
Chlamydia Screening	2%	+ 16%	✗
Breast Cancer Screening	65%	+ 9%	—
Cervical Cancer Screening	62%	+ 13%	✗

Key

- ✓ Significantly Better than State Average
- Similar to State Average
- ✗ Significantly Worse than State Average

Chronic Disease Management

Diabetes	2018 Result	% Change from 2017	2018 Statewide Comparison
Prevalence	53%	+ 6%	✓
Eye Exam	57%	+ 19%	—
HbA1c Testing	83%	0%	—
Kidney Disease Screening	34%	- 2%	—
% with Clinical Data - HbA1c	78%	+ 17%	✓
HbA1c in Poor Control	7%	+ 3%	✓

Hypertension

Prevalence	53%	+ 6%	✓
% with Clinical Data - BP	3%	+ 48%	✗
Blood Pressure in Control	86%	- 4%	✓

Asthma

Prevalence	53%	+ 6%	✓
Medication Management	19%	+ 14%	✗

*Note: If any measure value represents <11 people in the numerator or <30 people in the denominator that value is left blank.

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CARE MANAGEMENT & SUPPORT

how well patients were supported to have their health needs met in the most appropriate care setting

	2018 Result	% Change from 2017	2018 Statewide Comparison
Outpatient ED Visits	374	- 11%	—
Outpatient Potentially Avoidable ED Visits	62	+ 11%	—
Inpatient Discharges	127	- 12%	—
Inpatient Days	626	- 22%	—

The above measures are expressed as a risk-adjusted rate per 1,000 patients.

Appropriate Imaging for Lower Back Pain	87%	0%	—
Someone from this provider's office talked about specific goals for your health	6%	- 6%	—
Someone in this provider's office has asked if there are things that make it hard to take care of your health	89%	+ 25%	✓

Key

- ✓ Significantly Better than State Average
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CARE COORDINATION & CARE TRANSITIONS

how well care was coordinated across providers and care settings

	2018 Result	% Change from 2017	2018 Statewide Comparison
Follow-up After ED Visit for Alcohol or Drugs	20%	- 3%	✗
Follow-up After ED Visit for Mental Health	90%	+ 7%	✓
Follow-up After Hospitalization for Mental Health	26%	0%	✗
Specialists always seem to know the important information about patients' medical history	11%	+ 26%	—
Providers in this office always seem to know the important information about patients' medical history	73%	+ 6%	✓
Hospital Readmissions (risk-adjusted observed-to-expected ratio)	1.04	- 31%	—

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DATA SOURCES

Results in these profiles are based on data from 3 sources:

1. The state's all-payer claims database, the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES), which includes healthcare claims from Medicaid, Medicare, and many commercial health plans. VHCURES does not include data for uninsured individuals, self-paying individuals, individuals covered under Veterans Affairs, TRICARE, and Federal Employees Health Benefit Plans, payers with a Vermont resident enrollment of fewer than 200, and some commercial self-funded payers.
2. The Vermont Clinical Registry, which includes clinical measurements and records of some screenings, sent by participating practices and hospitals.
3. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Patient-Centered Medical Home (PCMH) patient experience surveys.

Note: The 2018 statewide comparison group reflects the measure result across all primary care patients, not an average of PCMH practices.

MEASURE DEFINITIONS: KNOWING YOUR PATIENTS

Attributed Patients	The count of attributed patients in the profiles will be lower than the number of individuals that visited the practice during the year. Patients are identified using VHCURES claims data, which includes many but not all of the Vermont residents who received healthcare in the state (see above for more about who is and is not in the VHCURES database). Identified patients are attributed to only one Blueprint primary care practice based on where they received the greatest number of primary care visits in the prior 24 months.
Average Age	The average age (in years) of a practice's attributed patients based on their age on the last month of the reporting period.
% Commercial/Medicaid/Medicare	The percentage of the practice's attributed patients who were covered by each payer type based on the specific type of primary coverage (i.e., commercial, Medicaid, or Medicare) a person had during the last month of the 12-month reporting period.
% Male/Female	The percentage of attributed patients who are male or female. Only two sexes are currently recognized in VHCURES claims data.
Health Status Categories	The 3M™ Clinical Risk Grouper (CRG) assigns patients to one of nine unique risk status categories based on diagnoses and other information on claims for the reporting period.
Healthy	CRG 1 Healthy includes patients that may have had healthcare use but had no significant acute or chronic diseases.
Minor Chronic or Acute	Includes patients with the following CRGs: CRG 2 - History of significant acute disease (e.g., ear, nose, or throat illness) and CRG 3 - Single minor chronic disease (e.g., minor chronic joint pain).
Moderate Chronic	Includes patients with the following CRGs: CRG 4 - Minor chronic disease in multiple organ systems (e.g., minor chronic joint pain and migraine) and CRG 5 - Single dominant or moderate chronic disease (e.g., diabetes).
Significant, Cancer, or Catastrophic	Includes patients with the following CRGs: CRG 6 - Significant chronic disease in multiple organ systems (e.g., diabetes and hypertension); CRG 7 - Dominant chronic disease in 3 or more organ systems (e.g., diabetes, COPD, and congestive heart failure); CRG 8 - Dominant, metastatic, and complicated malignancies (e.g., malignant breast cancer); and CRG 9 - Catastrophic conditions (e.g., cystic fibrosis, muscular dystrophy, quadriplegia).

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MEASURE DEFINITIONS: ACCESS TO CARE

Patients always get appointments for care they need right away, as soon as they need it	This measure is based on the CAHPS PCMH Patient Experience Survey data. The result represents the percentage of patients surveyed that responded "always" to "In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?"
Patients always get routine care appointments as soon as they need	The percentage of patients surveyed that responded "always" to "In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?" (CAHPS PCMH)
Patients always get same day answers to their medical questions	The percentage of patients surveyed that responded "always" to "In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?" (CAHPS PCMH)
Patients always find it easy to get appointments with specialists	The percentage of patients surveyed that responded "always" to "In the last 6 months, how often was it easy to get appointments with specialists?" (CAHPS PCMH)

MEASURE DEFINITIONS: PREVENTIVE CARE

Influenza Immunization (NQF: #0041)	The percentage of patients with an outpatient visit from January - March and/or October - December of the reporting period who received an influenza vaccine. This is similar to the National Quality Forum (NQF) measure #0041.
Tobacco Use Screening (NQF: #0028)	The percentage of patients continuously enrolled in insurance that were screened for tobacco use one or more times within a two-year lookback period and that received cessation counseling intervention. Includes only patients with clinical data in the Vermont Clinical Registry. This is similar to NQF measure #0028.
Depression Screening (NQF: #0418)	The percentage of patients continuously enrolled in insurance that were screened for clinical depression using an age-appropriate standardized depression screening tool. Data come from the Vermont Clinical Registry. This is similar to NQF measure #0418.
Chlamydia Screening (HEDIS: CHL)	The percentage of patients, ages 16–24 years, identified as sexually active and who had at least one test for chlamydia in the measurement year. The denominator requires continuous insurance enrollment during the measurement year and sexual activity as determined by pharmacy data (e.g., dispensed contraceptives) or encounters indicating sexual activity (e.g., pregnancy, pregnancy tests, chlamydia tests, or other claims related to sexual activity).
Breast Cancer Screening (HEDIS: BCS)	The percentage of women, ages 52–74 years, who had a mammogram to screen for breast cancer during the measurement year or the year prior. The denominator requires continuous enrollment in insurance from October 1 two years prior to the measurement to the end of the measurement year. Women with evidence of bilateral mastectomy are excluded. The numerator is based on the identification of CPT, Healthcare Common Procedure Coding System (HCPCS), ICD-10, and UB Revenue codes in the claims data that indicate a mammogram.
Cervical Cancer Screening (HEDIS: CCS)	The percentage of women either (a) ages 21–44 years who received one or more Papanicolaou (Pap) tests to screen for cervical cancer during the measurement year or the two years prior or (b) ages 30–44 years who received one or more Pap tests to screen for cervical cancer during the measurement year or four years prior to the measurement year. The denominator requires continuous enrollment in Medicaid during the measurement year or in a commercial plan during the measurement year and the two years prior to the measurement year. Women with evidence of a hysterectomy are excluded. The numerator is based on the identification of CPT, HCPCS, ICD-10, and UB revenue codes in the claims data that indicate a Pap test.

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MEASURE DEFINITIONS: CHRONIC DISEASE MANAGEMENT

Diabetes: Prevalence (HEDIS: CDC Denominator)	The percentage of adult patients with diabetes identified in the claims data using ICD-10 diagnosis codes as described in CMS Chronic Care Warehouse documentation: https://www2.ccwdata.org/web/guest/condition-categories .
Diabetes: Eye Exam (HEDIS: CDC-EYE) Diabetes: HbA1c Testing (HEDIS: CDC-HBA) Diabetes: Kidney Disease Screening (HEDIS: CDC-NEPH)	The percentage of patients, ages 18–75 years, with diabetes who had eye screening, HbA1c testing, and diabetes nephropathy (kidney disease) screening. The denominator for these measures consists of patients who were identified as having diabetes and had one or more inpatient visits; two or more outpatient emergency department visits; two or more non-hospital outpatient visits with ICD-10 diagnosis codes of E10, E11, E13, and O24; or who were dispensed insulin oral hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year. The denominator also requires the patient to be continuously enrolled in insurance during the measurement year. The numerators for these measures were identified from the claims data using specific CPT and other coding as defined in the NCQA HEDIS specification manual for eye screening, HbA1c testing, and nephropathy screening. The numerator indicates that the test or screening took place during the measurement year.
Diabetes: % Linked to Clinical Data (HEDIS: CDC Denominator)	The percentage of patients with diabetes with an HbA1c measure in the clinical data during the year.
Diabetes: HbA1c in Poor Control (NQF: #0059)	The percentage of patients with diabetes, ages 18–75 years, continuously enrolled in insurance whose last recorded hemoglobin A1c test in the Vermont Clinical Registry during the measurement year was in poor control (>9%). This is similar to the National Quality Forum (NQF) measure #0059.
Hypertension: Prevalence	The percentage of patients with hypertension identified in the claims data using ICD-10 diagnosis codes as described in CMS Chronic Care Warehouse documentation: https://www2.ccwdata.org/web/guest/condition-categories .
Hypertension: % Linked to Clinical Data	The percentage of patients with hypertension with a blood pressure measure in the clinical data during the year.
Hypertension: Blood Pressure in Control (NQF: #0018)	The percentage of patients with hypertension, continuously enrolled in insurance, ages 18–85 years, whose last recorded blood pressure measurement in the Vermont Clinical Registry was in control (<140/90 mmHg). Patients with hypertension were identified using claims data. The denominator was then restricted to those with a blood pressure reading in the Vermont Clinical Registry during the measurement year. This is similar to NQF measure #0018.
Asthma: Prevalence	The percentage of patients with asthma identified in the claims data using ICD-10 diagnosis codes as described in CMS Chronic Care Warehouse documentation: https://www2.ccwdata.org/web/guest/condition-categories .
Asthma Medication Management (>= 75%) (HEDIS: MMA)	The percentage of patients, ages 18–64 years, who were identified as having persistent asthma and who remained on an asthma controller medication for at least 75% of their treatment period.

MEASURE DEFINITIONS: UTILIZATION

Outpatient ED Visits (EDV)	NCQA HEDIS Ambulatory Care (AMB) emergency department visit specifications but does not exclude mental disorders. Risk-adjusted rate per 1,000 patients.
Outpatient Potentially Avoidable ED Visits (PAVOID-EDV)	NCQA HEDIS AMB emergency department visit specifications and the following types of conditions based on the primary ICD-10 diagnosis code reported on the claim: sore throat; strep; viral infection, unspecified; anxiety, unspecified or generalized; conjunctivitis, acute or unspecified; external and middle ear infections, acute or unspecified; upper respiratory infections, acute or unspecified; bronchitis, acute or unspecified; cough; asthma; dermatitis and rash; joint pain; lower/unspecified back pain; muscle/soft tissue limb pain; fatigue; headache. Risk-adjusted rate per 1,000 patients.

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MEASURE DEFINITIONS: UTILIZATION

Inpatient Discharges (HEDIS: IPU)	NCQA HEDIS IPU measure: Medical, Surgical, Maternity. Mental disorders are not excluded. Counts the number of inpatient discharges. Risk-adjusted rate per 1,000 patients.
Inpatient Days (HEDIS: IPU)	NCQA HEDIS IPU measure: Medical, Surgical, Maternity. Mental disorders are not excluded. Last date of service minus first date of service. If inpatient days were greater than 90 for a single patient, they were capped at 90. Risk-adjusted rate per 1,000 patients.
Appropriate Imaging for Lower Back Pain (HEDIS: LBP)	The percentage of patients, ages 18–50 years, with a primary diagnosis of low back pain who did not have an imaging study within 28 days of the diagnosis. The calculated measure is reported as an inverted rate (1-[numerator/eligible population]) in which a higher score suggests appropriate treatment of low back pain (i.e., imaging did not occur). This measure is derived from HEDIS's Use of Imaging Studies for Low Back Pain measure.
Someone from this provider's office talked about specific goals for your health	Based on the CAHPS PCMH Patient Experience Survey data. The percent of patients surveyed that responded "yes" to "In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?"
Someone in this provider's office has asked if there are things that make it hard to take care of your health	The percent of patients surveyed that responded "yes" to "In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health?" (CAHPS PCMH)
Follow-up After ED Visit for Alcohol or Drugs (30-day) (HEDIS: FUA30)	The percentage of patients, ages 13 years and older, with an emergency department (ED) visit with a principal diagnosis of alcohol or other drug dependence, who had a follow-up visit for the condition within 30 days of the ED visit.
Follow-up After ED Visit for Mental Health (30-day) (HEDIS: FUM30)	The percentage of patients, ages 6 years and older, who had an emergency department (ED) visit with a principal diagnosis of mental illness, who had a follow-up visit for mental illness within 30 days of the ED visit.
Follow-up After Hospitalization for Mental Health (7-day) (HEDIS: FUH7)	The percentage of patients with acute inpatient discharges or patients who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner within seven days after the discharge, but not on the date of discharge. This measure is derived from HEDIS measure FUH7.
Specialists always seem to know the important information about patients' medical history	The percentage of patients surveyed that responded "always" to "In the last 6 months, how often did the specialist you saw most seem to know the important information about your medical history?" (CAHPS PCMH)
Providers in this office always seem to know the important information about patients' medical history	The percentage of patients surveyed that responded "always" to "In the last 6 months, how often did this provider seem to know the important information about your medical history?" (CAHPS PCMH)
Hospital Readmissions (HEDIS: PCR)	This measure is an observed-to-expected ratio. Observed is the count of unplanned inpatient 30-day readmissions; expected is the risk-adjusted predicted number of unplanned 30-day readmissions. The risk-adjustment model is internal to NCQA HEDIS specifications and is not Vermont specific. Therefore, the statewide observed-to-expected ratio for Vermont may not be 1.00. A ratio above 1.00 indicates that the practice had a higher risk-adjusted readmission rate than NCQA HEDIS would predict while a ratio below 1.00 indicates that the practice had a lower readmission rate than NCQA HEDIS would predict. This is an NCQA HEDIS Plan All-Cause Readmission (PCR) measure.